

DEC 13 05:04 PM

42

**United States District Court**  
**Eastern District Court of Michigan**

**AMMAR KHUDHIR**

4390 15 Mile Rd.

Sterling Heights, MI 48310

(586) 222 – 8234

Case: 4:12-cv-15469

Judge: Drain, Gershwin A.

MJ: Majzoub, Mona K.

Filed: 12-13-2012 At 04:34 PM

CMP AMMAR KHUDHIR V JP MORGAN CHASE  
BANK (LG)

Plaintiff,

V.

**JP MORGAN CHASE BANK**

5601 Metropolitan Parkway

Sterling Heights, MI 48310

CASE NO.

COMPLAINT FOR DAMAGES:

STATUTARY CLAIM FOR

DAMAGE OF REPUTATION;

DISCRIMINATION AGAINST NAME

AND NATIONAL ORIGIN; EMOTIONAL

DISTRESS; EQUAL OPPORTUNITY

Defendant(s),

---

## **COMPLAINT**

**COMES NOW** Plaintiff **AMMAR KHUDHIR** and states the following:

Chase Operating Loss Prevention department forwarded a letter to the plaintiff, **AMMAR KHUDHIR**, on the 13<sup>th</sup> of October 2011 entailing that after a review of their records of his savings, checking and credit card accounts, they are unable to retain the plaintiff's accounts at JPMorgan Chase bank.

Defendant JPMorgan Chase Bank is being sued herein for:

1. Defamation and damages to the plaintiff's reputation
  - a. Nothing was disclosed in the letter as to what the review of their records regarding the plaintiff's accounts revealed and they exposed no information when the plaintiff went to their branch in person to inquire about their action (Please see exhibit A, page 3).
  - b. The plaintiff can no longer wire money, write checks for contracts through the defendant's business, his credit card was canceled by the defendant who has declined to issue the plaintiff a new one (Please see exhibit A, page 1).
  - c. Plaintiff's family and friends whom he has dealt with in the past don't accept checks from him for any transaction. Ever since the plaintiff told his friends what happened, they don't trust him anymore and some of them said- banks don't just close accounts unless the individual is a drug dealer, a scammer or a terrorist.
  - d. The defendant's action has caused the plaintiff a great embarrassment and he often feels awkward when dealing with friends and colleagues.
  - e. The plaintiff was never delinquent with his credit card payments and had excellent credit scores. The plaintiff has done nothing wrong to have his Visa credit card issued by the defendant canceled.

- f. The plaintiff asked the defendant to give a reason for its action so that the plaintiff may correct anything he is unaware of; the defendant did not disclose a single reason.
- 2. Discrimination against plaintiff's name and national origin. The defendant closed plaintiff's checking, savings, credit and debit accounts after three years without revealing a reason. The plaintiff is a well-known person within the community; he is a notary public and has served as a volunteer at the Lutheran Social Services in the State of Michigan (Please see exhibit B).
  - a. The defendant's employees told the plaintiff that his name has been placed on the defendant's black list and that the plaintiff is unable to borrow money as loans for mortgage, he is not allowed to open personal or business checking or savings accounts, and the defendant will not issue the plaintiff any credit cards (Please see exhibit A, Pages 1-2).
  - b. The Defendant's employees also told the plaintiff that the defendant does not wish to do any business with him whatsoever even if he is a part of any business or company and he is unable to purchase property through the defendant.
  - c. The letter the plaintiff received from the defendant states "The bank reserves the right to close the accounts earlier, at any time, for any reason, without notice." Yet, no reason has been mentioned (Please see exhibit A, Page 3).
  - d. The plaintiff has been unable to think of a single valid reason for the defendant's action other than discrimination against his name and national origin.
  - e. The defendant not only closed the plaintiff's accounts upon reviewing his records, but the plaintiff's wife, Zina Yousif's accounts as well? The decision involved all family members who dealt with the defendant (Please see exhibit C).

- f. Plaintiff has the right to information; he needs to be provided with reasons as to why his accounts were closed.
- 3. Emotional distress leading to pain and suffering for damages and injuries to the plaintiff's state of well-being. The plaintiff's is in an emotional agony and his mental status has been substantially affected ever since.
  - a. Plaintiff couldn't sleep the first three weeks after learning of the decision, and was very frightened; he went on and contacted the local police, the IRS, local courts, and even the FBI asking if there is anything against him that he is unaware of. All assured the plaintiff that there is nothing against him after checking his records.
  - b. Plaintiff is on several medications for vascular diseases such as diabetes, high blood pressure, high cholesterol and triglycerides. His blood pressure has been uncontrollable and his glucose level has been up and down because of this unnecessary worry that has traumatized him mentally and set him in a deleterious state of mind where he doubts everything in his life (Please see exhibit D).
  - c. The defendant's action has increased the plaintiff's emotional distress several folds to a point where it has begun to affect his sleep, social encounters, and his relationship with friends and family in the past year.
  - d. The plaintiff has never had his bank accounts closed by any bank anywhere in the world, and finds the defendant's action insulting especially when he has done nothing wrong.
  - e. The defendant's action has made plaintiff tentative, apprehensive, and frightened to continue doing work, opening a business, or bringing his funds from back home.
  - f. The plaintiff has been slower in moving forward with the simplest transactions, and has been second guessing everything he does and does not say much to anyone anymore like he used to.

- g. The plaintiff has doubted his abilities to perform tasks for the last several months, even those simple normal daily tasks that he carried out effortlessly in the past.
  - h. The Plaintiff is living in trepidation for months now; he feels as though he is a suspect who could be arrested at any moment. He is not sure what the defendant has against him and why was he placed in its black list.
- 4. Equal opportunity for any US resident and equal treatment for all people including the availability of the same rights.
  - a. Defendant has denied plaintiff his right to an equal treatment by closing his accounts and depriving him from his basic rights of banking with an institution that is open for business that deals with all people (customers) without discrimination.
  - b. The Plaintiff believes that he has been singled out and mistreated by the defendant's unfair action and does not see the defendant as an equal opportunity entity towards him.
  - c. Defendant has offered nothing to the plaintiff to regain him as a customer once again and has not admitted or acknowledged that it has been treated the plaintiff unfairly.
  - d. At the time of opening the accounts with the defendant, the plaintiff was not told to initial every part of the booklet provided by the defendant to acknowledge the plaintiff has understood what was explained and place his initials on it for documentation purposes. The plaintiff and his wife were told to sign the first page of the booklet only (Please see Exhibit E).

**CAUSE OF ACTION**

1. For damages to the plaintiff's reputation.
2. For discrimination against plaintiff's national origin including ethnic background, and name.
3. For the emotional distress which has hindered plaintiff's health and his state of wellbeing as he constantly worries about being arrested even though he has done nothing wrong or illegal.
4. For denying plaintiff the equal opportunity as a person exercising his basic rights.

**DEMANDS**

Based on the foregoing, the plaintiff asks:

1. The plaintiff asks for an official letter of apology from the defendant where he can show to family, friends and colleagues, and whereby he may restore his reputation and redeems their trust in him.
2. The plaintiff asks for a relief through financial compensation by the defendant in the amount of five million US dollars for all item listed above because until this moment, he has been suffering from the outcomes of this incident.

I hereby demand a jury trial on this issue

Dated: December 10, 2012

  
**AMMAR KHUDHIR**

## Exhibit A

Cardmember Services  
Attn: Executive Office  
Mailstop: IL1-6215  
2500 Westfield Drive  
Elgin, IL 60124  
1-877-225-0851



November 11, 2011



07187 RCS 001 003 31511 - NNNNNNNNNNNN  
Ammar A Khudhir  
4390 15 Mile Rd  
Sterling Heights MI 48310-5411



**Important information is  
provided below regarding  
your account.**

RE: Your account ending in 0566

Dear Ammar A Khudhir:

We are writing to notify you that we have closed the account referenced above. This action was taken in accordance with our rights under the section titled, *Termination*, within your Cardmember Agreement.

We are taking this action due to the following reason:

Chase affiliate has closed your account

**If there is a balance owing on the account, we will continue to send monthly statements until the balance is paid in full.**

In addition, please destroy all the cards and checks that access this account. Also, please be sure to contact any merchants that you have authorized to make automatic charges, such as for insurance, memberships, or ongoing services. You will need to cancel those charges or make other payment arrangements.

Sincerely,

Cardmember Services  
1-877-225-0851



PO BOX 659732  
SAN ANTONIO, TX 78265-9729



003788-1-1 LADO ZA 11305-000000000000

AMMAR A KHUDHIR  
4390 15 MILE RD  
STERLING HEIGHTS, MI 48310-5411

Account number ending in: 5775  
11/01/2011

**Important Information  
Regarding Your Account**

We are writing to notify you that we are closing your deposit account(s) in accordance with your Chase deposit agreement terms and conditions.

**Important information:**

- Your account(s) will be closed 10 business days from the date of this letter.
- Your ATM/Debit card(s) will become invalid immediately.
- All funds in this account will be made unavailable for withdrawal and your remaining balance will be returned to you five business days after the closing date.
- Any fees, claims or other amounts owed will be deducted from the balance forward.
- If your account is overdrawn, Chase may remove funds from any other Chase account on which you are a signer (including joint accounts) to pay all or part of the overdraft.

**Here's what you need to do:**

- Please stop writing checks or making withdrawals on this account immediately.
- Please stop using any ATM/Debit card(s) for this account, and destroy the cards.
- Cancel any pre-arranged automatic debits or credits for this account.
- If your account is overdrawn, please make a deposit of cash or certified funds immediately.

If you have any questions or need further assistance, please call us at 1-877-691-8086 Option #2, our team can assist you Monday through Sunday, from 7 a.m. - 11 p.m. Eastern Time.

JPMorgan Chase Bank, N.A., Member FDIC.

Please note: Based on your account activity and its subsequent closure by Chase, we may elect to report the closure of your account and the reason for closure to ChexSystems and/or Credit Bureaus.

Si tiene cualquier pregunta, por favor llama al 1-877-691-8086 y selecciona opción 2 y luego opción 2. Nuestros representantes están disponibles para ayudarte en español de lunes a domingo de 7 de la mañana a 11 (EST) de la tarde.

If you are calling from outside of the US, please call 713-427-6380.  
2-1.3



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Chase Operating Loss Prevention

10/13/2011

KHUDHIR, AMMAR A  
4390 15 MILE RD  
STERLING HEIGHTS, MI 48310-5411

Re: Account Number(s) 2921805368;799948815;849647987  
Reference event #3239964

Dear Customer:

A review of our records indicates that we are unable to retain your above-referenced account(s) (the "Accounts") at JPMorgan Chase Bank, N.A. (the "Bank").

The terms and conditions governing the Accounts ("Account Rules") provide that the Bank may close your Accounts at any time. Although the Account Rules do not require the Bank to provide you with advance notice of the termination of the Accounts, as a courtesy, please be advised that the Accounts will be terminated and closed after the close of business on 10/30/2011. Any items presented for payment on the Accounts and not paid prior to termination will be returned unpaid. If the Accounts were covered by Overdraft Protection, as that term is defined in the Account Rules, such Overdraft Protection will terminate with respect to the Accounts on the Termination Date.

Please do not deposit checks to the Accounts within five (5) business days of the Termination Date or any earlier date that you close the Accounts. Please arrange to cause any Automated Clearing House or ACH deposits or transfers to the Accounts to be terminated prior to closure. Provided that no checks have been deposited to your Accounts within the five (5) business day period before the Accounts are closed and no deposits of any kind have been made to your Accounts within a two (2) business day period before such closure, upon closure the Bank will, at your risk, mail to you at the address set forth above a check for the balance of your Accounts, less any service charges assessed to the Accounts. If deposits are made to the Accounts prior to closure inconsistent with the foregoing, the Bank will mail your check as soon as reasonably possible following closure of the Accounts. If you wish to make other arrangements for receipt of any funds remaining in the Accounts or if you have questions, please contact 1-877-691-8086 OPTION-NUMBER-1.

Notwithstanding the Bank's intent to allow the Accounts to remain open until 10/30/2011 as set forth above, the Bank reserves the right to close the Accounts earlier, at any time, for any reason, without notice.

Sincerely,

Chase Operating Loss Prevention

4



**Chase Operating Loss Prevention**

10/13/2011

KHUDHIR, AMMAR A  
4390 15 MILE RD  
STERLING HEIGHTS, MI 48310-5411

Re: Account Number(s) 849645775  
Reference event #3239964

Dear Customer:

A review of our records indicates that we are unable to retain your above-referenced account(s) (the "Accounts") at JPMorgan Chase Bank, N.A. (the "Bank").

The terms and conditions governing the Accounts ("Account Rules") provide that the Bank may close your Accounts at any time. Although the Account Rules do not require the Bank to provide you with advance notice of the termination of the Accounts, as a courtesy, please be advised that the Accounts will be terminated and closed after the close of business on 10/30/2011. Any items presented for payment on the Accounts and not paid prior to termination will be returned unpaid. If the Accounts were covered by Overdraft Protection, as that term is defined in the Account Rules, such Overdraft Protection will terminate with respect to the Accounts on the Termination Date.

Please do not deposit checks to the Accounts within five (5) business days of the Termination Date or any earlier date that you close the Accounts. Please arrange to cause any Automated Clearing House or ACH deposits or transfers to the Accounts to be terminated prior to closure. Provided that no checks have been deposited to your Accounts within the five (5) business day period before the Accounts are closed and no deposits of any kind have been made to your Accounts within a two (2) business day period before such closure, upon closure the Bank will, at your risk, mail to you at the address set forth above a check for the balance of your Accounts, less any service charges assessed to the Accounts. If deposits are made to the Accounts prior to closure inconsistent with the foregoing, the Bank will mail your check as soon as reasonably possible following closure of the Accounts. If you wish to make other arrangements for receipt of any funds remaining in the Accounts or if you have questions, please contact 1-877-691-8086 OPTION-NUMBER-1.

Notwithstanding the Bank's intent to allow the Accounts to remain open until 10/30/2011 as set forth above, the Bank reserves the right to close the Accounts earlier, at any time, for any reason, without notice.

Sincerely,

Chase Operating Loss Prevention

## Exhibit B

# *Certificate of Appreciation*

IN GRATEFUL RECOGNITION OF CONTINUING VOLUNTEER SERVICE AND SUPPORT  
LUTHERAN SOCIAL SERVICES OF MICHIGAN GLADLY PRESENTS

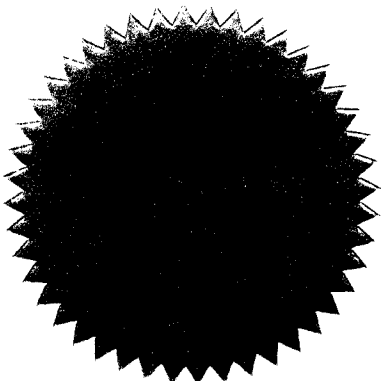
**Ammar Khudhir**

WITH THIS CERTIFICATE OF APPRECIATION

**Employment and ESL Programs, Refugee Services**

*Deirdre Kelly*

Mihaela Mitrofan  
Program Manager



*Jasna Spahic*  
Jasna Spahic  
Sr. Refugee Specialist



DEPARTMENT OF STATE

Terri Lynn Lamb

SECRETARY OF STATE

*To all to whom these Presents shall come, Greeting:*

*In the Name and by the Authority of the People of the State of Michigan, I*  
*do appoint*  
*Ammar Khudhir*, *Notary Public, for the County of Macomb*  
*in said State of Michigan, to execute the duties of and hold said office from this date hereof.*



*In Testimony Whereof, I have hereunto set my hand, and caused*  
*the Great Seal of the State to be affixed at Lansing, this*  
*nineteenth* *day of February* *in the year*  
*of our Lord two thousand and* *ten.*

*Terri Lamb*  
*Secretary of State*

*This Commission expires* *May 25, 2016.*

## Exhibit C



**Chase Operating Loss Prevention**

10/13/2011

YOUSIF, ZINA Y

4390 15 MILE RD

STERLING HEIGHTS, MI 48310-5411

Re: Account Number(s) 2921805368;799948815;849647987  
Reference event #3239964

Dear Customer:

A review of our records indicates that we are unable to retain your above-referenced account(s) (the "Accounts") at JPMorgan Chase Bank, N.A. (the "Bank").

The terms and conditions governing the Accounts ("Account Rules") provide that the Bank may close your Accounts at any time. Although the Account Rules do not require the Bank to provide you with advance notice of the termination of the Accounts, as a courtesy, please be advised that the Accounts will be terminated and closed after the close of business on 10/30/2011. Any items presented for payment on the Accounts and not paid prior to termination will be returned unpaid. If the Accounts were covered by Overdraft Protection, as that term is defined in the Account Rules, such Overdraft Protection will terminate with respect to the Accounts on the Termination Date.

Please do not deposit checks to the Accounts within five (5) business days of the Termination Date or any earlier date that you close the Accounts. Please arrange to cause any Automated Clearing House or ACH deposits or transfers to the Accounts to be terminated prior to closure. Provided that no checks have been deposited to your Accounts within the five (5) business day period before the Accounts are closed and no deposits of any kind have been made to your Accounts within a two (2) business day period before such closure, upon closure the Bank will, at your risk, mail to you at the address set forth above a check for the balance of your Accounts, less any service charges assessed to the Accounts. If deposits are made to the Accounts prior to closure inconsistent with the foregoing, the Bank will mail your check as soon as reasonably possible following closure of the Accounts. If you wish to make other arrangements for receipt of any funds remaining in the Accounts or if you have questions, please contact 1-877-691-8086 OPTION-NUMBER-1.

Notwithstanding the Bank's intent to allow the Accounts to remain open until 10/30/2011 as set forth above, the Bank reserves the right to close the Accounts earlier, at any time, for any reason, without notice.

Sincerely,

Chase Operating Loss Prevention



Cardmember Services  
Attn: Executive Office  
Mailstop: IL1-6215  
2500 Westfield Drive  
Elgin, IL 60124  
1-877-225-0851



November 11, 2011



07188 RCS 001 003 31511 - NNNNNNNNNNN  
Zina Y Yousif  
4390 15 Mile Rd  
Sterling Heights MI 48310-5411

**Important information is  
provided below regarding  
your account.**



RE: Your account ending in 7469

Dear Zina Y Yousif:

We are writing to notify you that we have closed the account referenced above. This action was taken in accordance with our rights under the section titled, *Termination*, within your Cardmember Agreement.

We are taking this action due to the following reason:

Chase affiliate has closed your account

**If there is a balance owing on the account, we will continue to send monthly statements until the balance is paid in full.**

In addition, please destroy all the cards and checks that access this account. Also, please be sure to contact any merchants that you have authorized to make automatic charges, such as for insurance, memberships, or ongoing services. You will need to cancel those charges or make other payment arrangements.

Sincerely,

Cardmember Services  
1-877-225-0851

Cardmember Services  
Attn: Executive Office  
Mailstop: IL1-6215  
2500 Westfield Drive  
Elgin, IL 60124  
1-877-225-0851



November 11, 2011



07199 RCS 001 003 31511 - NNNNNNNNNNNN  
Zina Y Yousif  
4390 15 Mile Rd  
Sterling Heights MI 48310-5411

**Important information is  
provided below regarding  
your account.**



RE: Your account ending in 9770

Dear Zina Y Yousif:

We are writing to notify you that we have closed the account referenced above. This action was taken in accordance with our rights under the section titled, *Termination*, within your Cardmember Agreement.

We are taking this action due to the following reason:

Chase affiliate has closed your account

**If there is a balance owing on the account, we will continue to send monthly statements until the balance is paid in full.**

In addition, please destroy all the cards and checks that access this account. Also, please be sure to contact any merchants that you have authorized to make automatic charges, such as for insurance, memberships, or ongoing services. You will need to cancel those charges or make other payment arrangements.

Sincerely,

Cardmember Services  
1-877-225-0851

## Exhibit D

*222-078*

## **General Instructions**

**Henry Ford Medical Center Sterling Heights - Emergency Department**  
3500 Fifteen Mile Road, Sterling Heights, MI 48310 (586) 977-6208  
12/20/2011

-----  
**Patient Name: KHUDHIR, AMMAR**

Thank you for visiting the Henry Ford Medical Center Sterling Heights-Emergency Department.  
You have been evaluated today by GHoughton, M.D. for the following condition(s):

Chest pain. 12 lead EKG performed.

### **INSTRUCTIONS**

Lose weight. Seek medical help to lose weight.

#### **Warnings:**

Further evaluation is necessary in order to obtain test results, conduct further tests and assess the possibility of serious illness. It is very important to follow up with a physician.

**GENERAL WARNINGS:** Return to the Emergency Department or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise. **SPECIFICALLY,** return for a return of chest pain, neck pain, jaw pain, shoulder pain, difficulty breathing, a fluttering sensation in your chest, lightheadedness, fainting, extreme fatigue or sudden sweating.

#### **Follow-up:**

Return to the emergency department if not better. Follow up with your doctor in one day. Call for the next available appointment.

Understanding of the discharge instructions verbalized by patient.

## **ADDITIONAL INFORMATION**

### **CHEST PAIN: UNCERTAIN CAUSE**

Based on your exam today, the exact cause of your chest pain is not certain. Your condition does not seem serious at this time, and your pain does not appear to be coming from your heart. However, sometimes the signs of a serious problem take more time to appear. Therefore, watch for the warning signs listed below.

#### **Home Care:**

1) Rest today and avoid strenuous activity.

2) Take any prescribed medicine as directed.

**Follow up** with your doctor or this facility as instructed or if you do not start to feel better within 24 hours.

[**Note:** If an X-ray or EKG (cardiogram) was made, it will be reviewed by another specialist. You will be notified of any new findings that may affect your care.]

**Return Promptly** or contact your doctor if any of the following occur:

- A change in the type of pain: if it feels different, becomes more severe, lasts longer, or begins to spread into your shoulder, arm, neck, jaw or back
- Shortness of breath or increased pain with breathing

KHUDHIR, AMMAR      12/20/2011      MR# 57715931      Visit# 577159311354      Discharge Report with Exit Writer Instructions

- Cough with dark colored sputum (phlegm) or blood
- Weakness, dizziness, or fainting

Name: KHUDHIR, AMMAR

MRN: HF 57715931

Status: Final (version 3 of 3) Latest: Final



## CHEST 2 VIEWS

Document State: Final (version 3)  
Update Date/Time: 12/20/2011 03:09Service Date/Time: 12/20/2011 02:56  
Provider: GREG S HOUGHTON MD  
Responsible Staff:Patient Name: KHUDHIR, AMMAR  
DOB/Age/Gender: 05/25/1969 42y Male  
Location: HF, HF Medical Center-Sterling Heights

MRN: HF 57715931

KHUDHIR, AMMAR  
TEST: CHEST 2 VIEWS

MRN: 57715931

DOB: 05/25/1969 (Male)  
DATE/TIME: 12/20/2011 02:56

Patient Location: STH

Requesting Physician: HOUGHTON, GREGORY S

| Date/Time        | Exam Description | ICD-9 Code | Accession |
|------------------|------------------|------------|-----------|
| 12/20/2011 02:56 | CHEST 2 VIEWS    | 786.59     | 26816069  |

Chest 2 views on 12/20/2011.

History: Chest pain.

## Findings:

No prior exams for comparison.  
The cardiac silhouette size is enlarged to moderate degree.  
Mediastinal contours are smooth and pulmonary vasculature appears within normal limits.  
No pneumothorax, pleural effusion or acute osseous abnormality identified.  
Lungs appear grossly clear bilaterally.

## Impression:

No pneumonia, pneumothorax or CHF.  
Enlarged cardiac silhouette without prior exams for comparison, most likely moderate cardiomegaly, however pericardial effusion not excluded.

Interpreted by:

MARK DEARING, M.D.

Report reviewed and signed:

MARK DEARING, M.D.

Date signed:

12/20/2011 03:09:00 AM

Typed by:

Powerscribe Interface

Patient Name: KHUDHIR, AMMAR

MRN: HF 57715931



## Clinical Lab Results

Patient Name: KHUDHIR, AMMAR

MRN: HF 57715931

DOB: 05/25/1969 42y

Gender: Male

|   |                           |                                      |                                |
|---|---------------------------|--------------------------------------|--------------------------------|
| Troponin I, Directed                    | Collect: 12/20/2011 02:41 | Accession: T675970                   | Reported: 12/20/2011 03:17     |
|   | Order Priority: Stat      | Status: Final as of 12/20/2011 03:17 |                                |
| Ordered By: GREG S HOUGHTON MD          |                           |                                      |                                |
| Troponin I                              |                           | [<0.05]                              | Reported: 12/20/2011 03:17 STH |
| <0.04                                   |                           |                                      |                                |
| Negative for myocardial damage.         |                           |                                      |                                |
| Test performed by Bayer Centaur Method. |                           |                                      |                                |
| Basic Metabolic Profile                 | Collect: 12/20/2011 02:41 | Accession: T675970                   | Reported: 12/20/2011 03:05     |
|   | Order Priority: Stat      | Status: Final as of 12/20/2011 03:05 |                                |
| Ordered By: GREG S HOUGHTON MD          |                           |                                      |                                |
| Sodium, Serum                           | 140 mmol/L                | [135-145]                            | Reported: 12/20/2011 03:05 STH |
| * Potassium                             | 3.4 mmol/L                | [3.5-5.0]                            | Reported: 12/20/2011 03:05 STH |
| Chloride                                | 104 mmol/L                | [95-108]                             | Reported: 12/20/2011 03:05 STH |
| Carbon Dioxide                          | 29 mmol/L                 | [24-32]                              | Reported: 12/20/2011 03:05 STH |
| Anion Gap                               | 7                         | [3-13]                               | Reported: 12/20/2011 03:05 STH |
| BUN                                     | 14 mg/dL                  | [10-25]                              | Reported: 12/20/2011 03:05 STH |
| Creatinine                              | 1.0 mg/dL                 | [0.9-1.3]                            | Reported: 12/20/2011 03:05 STH |
| * Glucose, Serum                        | 302 mg/dL                 | [50-140]                             | Reported: 12/20/2011 03:05 STH |
| Calcium, Serum                          | 8.7 mg/dL                 | [8.5-10.5]                           | Reported: 12/20/2011 03:05 STH |
| Magnesium                               | Collect: 12/20/2011 02:41 | Accession: T675970                   | Reported: 12/20/2011 03:05     |
|   | Order Priority: Stat      | Status: Final as of 12/20/2011 03:05 |                                |
| Ordered By: GREG S HOUGHTON MD          |                           |                                      |                                |
| * Magnesium, Serum                      | 1.6 mg/dL                 | [1.8-2.3]                            | Reported: 12/20/2011 03:05 STH |
| CBC                                     | Collect: 12/20/2011 02:41 | Accession: T675970                   | Reported: 12/20/2011 02:58     |
|   | Order Priority: Stat      | Status: Final as of 12/20/2011 02:58 |                                |
| Ordered By: GREG S HOUGHTON MD          |                           |                                      |                                |
| WBC Count                               | 5.9 K/uL                  | [3.8-10.6]                           | Reported: 12/20/2011 02:58 STH |
| RBC Count                               | 4.78 M/uL                 | [4.40-6.00]                          | Reported: 12/20/2011 02:58 STH |
| * Hemoglobin                            | 13.0 g/dL                 | [13.5-17.0]                          | Reported: 12/20/2011 02:58 STH |
| * Hematocrit                            | 37.8 %                    | [41-53]                              | Reported: 12/20/2011 02:58 STH |
| * MCV                                   | 79.1 fl                   | [80-100]                             | Reported: 12/20/2011 02:58 STH |
| MCH                                     | 27.3 pg                   | [26-34]                              | Reported: 12/20/2011 02:58 STH |
| MCHC                                    | 34.4 g/dL                 | [31-37]                              | Reported: 12/20/2011 02:58 STH |
| RDW                                     | 13.5 %                    | [<14.5]                              | Reported: 12/20/2011 02:58 STH |
| Platelet Count                          | 232 K/uL                  | [150-450]                            | Reported: 12/20/2011 02:58 STH |
| Differential                            | Collect: 12/20/2011 02:41 | Accession: T675970                   | Reported: 12/20/2011 02:58     |
|   | Order Priority: Stat      | Status: Final as of 12/20/2011 02:58 |                                |
| Ordered By: GREG S HOUGHTON MD          |                           |                                      |                                |
| Neutrophil, %                           | 49 %                      |                                      | Reported: 12/20/2011 02:58 STH |
| Lymphocyte, %                           | 36 %                      |                                      | Reported: 12/20/2011 02:58 STH |
| Monocyte, %                             | 11 %                      |                                      | Reported: 12/20/2011 02:58 STH |
| Eosinophil, %                           | 3 %                       |                                      | Reported: 12/20/2011 02:58 STH |
| Basophil, %                             | 1 %                       |                                      | Reported: 12/20/2011 02:58 STH |
| Neutrophil, Absolute                    | 3.00 K/uL                 | [1.80-7.70]                          | Reported: 12/20/2011 02:58 STH |
| Lymphocytes, Absolute                   | 2.10 K/uL                 | [1.10-4.00]                          | Reported: 12/20/2011 02:58 STH |
| Monocyte, Absolute                      | 0.60 K/uL                 | [0.00-0.80]                          | Reported: 12/20/2011 02:58 STH |
| Eosinophils, Absolute                   | 0.20 K/uL                 | [0.00-0.70]                          | Reported: 12/20/2011 02:58 STH |
| Basophils, Absolute                     | 0.10 K/uL                 | [0.00-0.20]                          | Reported: 12/20/2011 02:58 STH |
| Glucose, Meter, OP                      | Collect: 12/20/2011 02:18 | Accession: T675933                   | Reported: 12/20/2011 02:26     |
|   | Order Priority: Routine   | Status: Final as of 12/20/2011 02:26 |                                |
| Ordered By:                             |                           |                                      |                                |
| * Glucose, Metered                      | 315 mg/dL                 | [50-140]                             | Reported: 12/20/2011 02:26 HFH |
| Performed by: Garland Maria             |                           |                                      |                                |



KHUDHIR, AMMAR

ID:

20-Dec-2011

4:30:35

LIT. 01/20/2011/11/11/11

42 years  
Caucasian  
Room: 8  
Loc: 97  
Vent. rate 62 bpm  
PR interval 174 ms  
QRS duration 126 ms  
QT/QTc 434/440 ms  
P-R-T axes 35 -35 25

Technician: LSMITH18

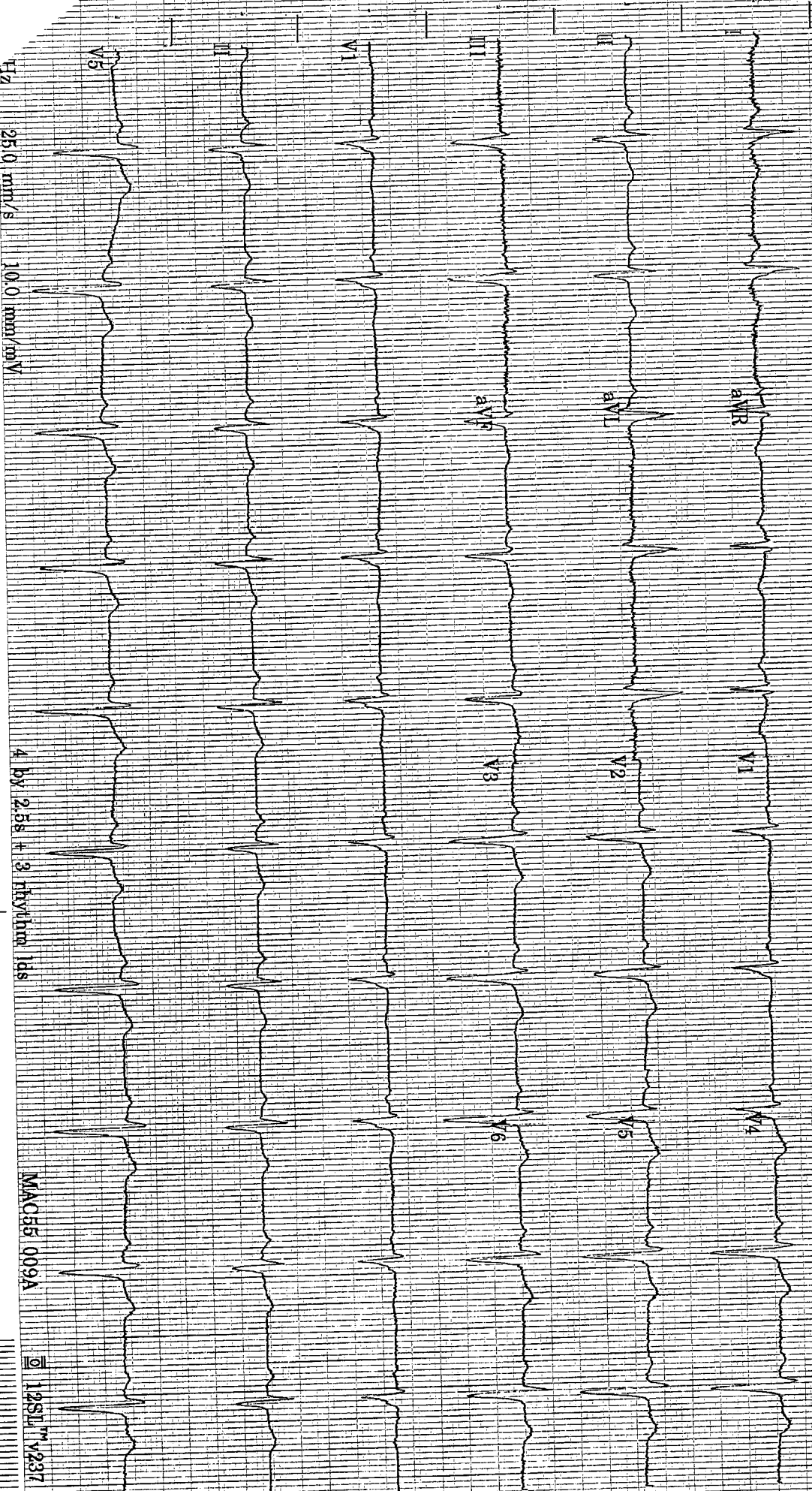
Normal sinus rhythm  
Left axis deviation  
Nonspecific intraventricular block  
Abnormal ECG

Referred by:

Unconfirmed

*Dr. [Signature]*  
*2/29/11*  
*[Signature]*

577 15 93 1 1354  
KHUDHIR  
ATTAR  
05 25 69 M



MAC65 009A

12SL™ V237



*Handwritten signature*

### **General Instructions**

**Henry Ford Medical Center Sterling Heights - Emergency Department**  
3500 Fifteen Mile Road, Sterling Heights, MI 48310 (586) 977-6208  
11/12/2011

-----  
**Patient Name: KHUDHIR, AMMAR**

Thank you for visiting the Henry Ford Medical Center Sterling Heights-Emergency Department.  
You have been evaluated today by ROtero, M.D. for the following condition(s):

Hyperglycemia.  
please follow your diabetic diet. Please continue to monitor your glucose when you get home.

### **INSTRUCTIONS**

Understanding of the discharge instructions verbalized by patient.

### **ADDITIONAL INFORMATION**

#### **DIABETES WITH HIGH BLOOD SUGAR**

You have been treated for high blood sugar (hyperglycemia). This may be the result of an infection or other illness, not following your diet (eating too many sweets or starches), not taking enough insulin, or other factors.

#### **Home Care:**

1) High blood sugar may cause symptoms that you can learn to recognize, such as those listed below.

2) If you feel like your blood sugar may be too high, measure it using a blood or urine test. If it is above your usual range, use the "sliding scale" Regular insulin dose your doctor gave you to correct this. If no "sliding scale" orders were given, contact your doctor for further advice.

3) If your blood sugar is over 300, and you can't reach your doctor, call or return to this facility.

**Follow Up:** Monitor and write down your blood sugars at least twice a day (before breakfast and before dinner). Do this for the next 3-5 days. See your doctor during the next week to review these records. You will find out if you need to adjust your insulin dose.

**Return Promptly** or contact your doctor if any of the following occur:

- **High Blood Sugar:** frequent urination, feeling dizzy, thirst, headache, nausea or vomiting, abdominal pain, drowsiness or loss of consciousness
- **Low Blood Sugar:** fatigue, headache, shakes, excess sweating, hunger, anxiety, reduced vision, drowsiness, weakness, confusion or loss of consciousness

## Exhibit E



## Personal Signature Card

ACCOUNT TITLE  
AMMAR A KHUDHIR

ACCOUNT NUMBER 849645775

TAX RESPONSIBLE ID # 378-35-0086

ACCOUNT TYPE Chase Checking

DATE OPENED 09/11/2009  
New Account

ISSUED BY

Dequindre 18 Mile Rd  
618  
KRISTOFER R SZTEIN

614-248-6800

09/11/2009

STERLING HEIGHTS, MI 48310-5411

PERSONAL ADDRESS 4390 15 MILE RD

## TYPE OF OWNERSHIP Individual

| TAXPAYER ID #  | DATE OF BIRTH | PRIMARY ID TYPE  | PRIMARY ID NUMBER | ISSUER | ISSUANCE DATE | EXP DATE | SECONDARY ID TYPE       | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXP DATE |
|----------------|---------------|------------------|-------------------|--------|---------------|----------|-------------------------|---------------------|--------|---------------|----------|
| 1) 378-35-0086 | 09/25/1988    | Driver's License | K360068027384     | MI     | 09/25/2012    |          | Empl Authorization Card | LN0622750643        |        | 08/20/2010    |          |
| 2)             |               |                  |                   |        |               |          |                         |                     |        |               |          |
| 3)             |               |                  |                   |        |               |          |                         |                     |        |               |          |
| 4)             |               |                  |                   |        |               |          |                         |                     |        |               |          |
| 5)             |               |                  |                   |        |               |          |                         |                     |        |               |          |
| 6)             |               |                  |                   |        |               |          |                         |                     |        |               |          |
| 7)             |               |                  |                   |        |               |          |                         |                     |        |               |          |
| 8)             |               |                  |                   |        |               |          |                         |                     |        |               |          |

(\*Tax Responsibility Indicator)

## CUSTOMER(S) TO BE ADDED LATER

ACKNOWLEDGEMENT - By signing this Signature Card, I am applying to JPMorgan Chase Bank, N.A. (the Bank) to open the deposit account indicated above. I certify that the information provided hereon is true to the best of my knowledge and authorize the Bank, at its discretion, to obtain credit reports and employment verifications on me. I acknowledge receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account and the Bank Privacy Policy, and agree to be bound by the terms and conditions contained therein as amended from time to time. For joint accounts, I agree that all parties are responsible for any overdraft of any amount due to the return of a deposited check without condition or limitation.

CERTIFICATION - I certify under penalty of perjury that (1) the Taxpayer Identification Number shown above is correct, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions).

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



NAME

DATE

SIGNATURE

NAME

DATE

SIGNATURE

1) AMMAR A KHUDHIR

R 11/10/09

5)

2)

6)

3)

7)

4)

8)



**CHASE****Personal Signature Card**ACCOUNT TITLE  
AMMAR A KHUDHIR

ACCOUNT NUMBER 849645775

TAX RESPONSIBLE ID # 378-35-0086

ACCOUNT TYPE Chase Checking

DATE OPENED 09/11/2009

ISSUED BY JPMorgan Chase Bank, N.A. (021)  
Dequindre 18 Mile Rd  
618PERSONAL ADDRESS 4390 15 MILE RD  
STERLING HEIGHTS, MI 48310-5411  
United States

|                                     |                      |                        |               |               |             |                 |                         |                     |               |               |                 |                 |               |
|-------------------------------------|----------------------|------------------------|---------------|---------------|-------------|-----------------|-------------------------|---------------------|---------------|---------------|-----------------|-----------------|---------------|
| <b>TYPE OF OWNERSHIP</b> Individual |                      | <b>PRIMARY ID</b>      |               | <b>ISSUER</b> |             | <b>ISSUANCE</b> |                         | <b>SECONDARY ID</b> |               | <b>ISSUER</b> |                 | <b>ISSUANCE</b> |               |
| <b>TAXPAYER ID #</b>                | <b>DATE OF BIRTH</b> | <b>PRIMARY ID TYPE</b> | <b>NUMBER</b> | <b>MI</b>     | <b>DATE</b> | <b>EXP DATE</b> | <b>TYPE</b>             | <b>NUMBER</b>       | <b>ISSUER</b> | <b>DATE</b>   | <b>EXP DATE</b> | <b>TYPE</b>     | <b>NUMBER</b> |
| 1) 378-35-0086 *                    | 05/25/1989           | Driver's License       | K36006027394  |               | 05/25/2012  |                 | Empl Authorization Card | LIN082750643        | USA           |               | 09/20/2010      |                 |               |

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

(\*Tax Responsibility Indicator)

**CUSTOMER(S) TO BE ADDED LATER**

2 new families

**ACKNOWLEDGEMENT** - By signing this Signature Card, I am applying to JPMorgan Chase Bank, N.A. (the Bank) to open the deposit account indicated above. I certify that the information provided hereon is true to the best of my knowledge and authorize the Bank, at its discretion, to obtain credit reports and employment verifications on me. I acknowledge receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account and the Bank Privacy Policy, and agree to be bound by the terms and conditions contained therein as amended from time to time. For joint accounts, I agree that all parties are responsible for any overdraft of any amount due to the deposit account and the Bank Privacy Policy.

**CERTIFICATION** - I certify under penalties of perjury that (1) the Taxpayer Identification Number shown above is correct, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions).

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

|             |             |                  |             |             |                  |
|-------------|-------------|------------------|-------------|-------------|------------------|
| <b>NAME</b> | <b>DATE</b> | <b>SIGNATURE</b> | <b>NAME</b> | <b>DATE</b> | <b>SIGNATURE</b> |
|-------------|-------------|------------------|-------------|-------------|------------------|

1) AMMAR A KHUDHIR 1-26-2010 [Signature] 5)

2) \_\_\_\_\_ 6)

3) \_\_\_\_\_ 7)

4) \_\_\_\_\_ 8)





JPMorgan Chase Bank, N.A.  
P O Box 260180  
Baton Rouge, LA 70826-0180

September 11, 2009 through September 18, 2009

Account Number: 000000849645775

00004641 DRE 021 141 26209 - NYNNN T 1 000000000 13 0000  
AMMAR A KHUHDHIR  
4390 15 MILE RD  
STERLING HEIGHTS MI 48310-5411

#### CUSTOMER SERVICE INFORMATION

Web site: Chase.com  
Service Center: 1-800-935-9935  
Hearing Impaired: 1-800-242-7383  
Para Espanol: 1-877-312-4273  
International Calls: 1-713-262-1679



STARTING 10/25/2009, THE STOP PAYMENT FEE WILL BE LOWERED TO \$25 WHEN YOU REQUEST A STOP PAYMENT FOR A CHECK ONLINE THROUGH CHASE.COM. THE FEE WILL REMAIN THE SAME AT \$32 IF YOU GO INTO A BRANCH OR CALL US TO REQUEST A STOP PAYMENT. PLEASE CALL US AT 1-800-935-9935 IF YOU HAVE QUESTIONS.

IF YOU HAVE A CHASE PREMIER PLATINUM CHECKING ACCOUNT OR A CHASE PREMIER PLATINUM ASSET MANAGEMENT ACCOUNT, THE FEE FOR STOP PAYMENTS WILL CONTINUE TO BE WAIVED.

#### CHECKING SUMMARY

Chase Checking

|                        | AMOUNT  |
|------------------------|---------|
| Beginning Balance      | \$0.00  |
| Deposits and Additions | 50.00   |
| Ending Balance         | \$50.00 |

This message confirms that you have overdraft protection on your checking account.

#### DEPOSITS AND ADDITIONS

| DATE                         | DESCRIPTION | AMOUNT  |
|------------------------------|-------------|---------|
| 09/11                        | Deposit     | \$50.00 |
| Total Deposits and Additions |             | \$50.00 |



September 11, 2009 through September 18, 2009  
Account Number: 000000849645775

# **BALANCING YOUR CHECKBOOK**

**Note:** Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement:

Step 1 Balance: \$ \_\_\_\_\_

2. List and total all deposits & additions not shown on this statement:

| Date  | Amount | Date  | Amount | Date  | Amount |
|-------|--------|-------|--------|-------|--------|
| _____ | _____  | _____ | _____  | _____ | _____  |
| _____ | _____  | _____ | _____  | _____ | _____  |
| _____ | _____  | _____ | _____  | _____ | _____  |

Step 2 Total: \$ \_\_\_\_\_

3. Add Step 2 Total to Step 1 Balance.

Step 3 Total: \$ \_\_\_\_\_

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

| Check Number or Date | Amount | Check Number or Date | Amount |
|----------------------|--------|----------------------|--------|
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |

Step 4 Total: -\$ \_\_\_\_\_

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ \_\_\_\_\_

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.  
P O Box 260180  
Baton Rouge, LA 70826-0180

September 19, 2009 through October 20, 2009  
Account Number: 000000849645775

#### CUSTOMER SERVICE INFORMATION

Web site: Chase.com  
Service Center: 1-800-935-9935  
Hearing Impaired: 1-800-242-7383  
Para Espanol: 1-877-312-4273  
International Calls: 1-713-262-1679

00008614 DRE 021 141 29409 - NYNNN T 1 000000000 13 0000  
AMMAR A KHUDHIR  
4390 15 MILE RD  
STERLING HEIGHTS MI 48310-5411



#### CHECKING SUMMARY

Chase Checking

|                   | AMOUNT  |
|-------------------|---------|
| Beginning Balance | \$50.00 |
| Ending Balance    | \$50.00 |

This message confirms that you have overdraft protection on your checking account.



September 19, 2009 through October 20, 2009  
Account Number: 000000849645775

# **BALANCING YOUR CHECKBOOK**

**Note:** Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement: **Step 1 Balance:** \$ \_\_\_\_\_

2. List and total all deposits & additions not shown on this statement:

| Date  | Amount | Date  | Amount | Date  | Amount |
|-------|--------|-------|--------|-------|--------|
| _____ | _____  | _____ | _____  | _____ | _____  |
| _____ | _____  | _____ | _____  | _____ | _____  |

**Step 2 Total:** \$ \_\_\_\_\_

3. Add Step 2 Total to Step 1 Balance.

**Step 3 Total:** \$ \_\_\_\_\_

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

| Check Number or Date | Amount | Check Number or Date | Amount |
|----------------------|--------|----------------------|--------|
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |

**Step 4 Total:** -\$ \_\_\_\_\_

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ \_\_\_\_\_

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC





JPMorgan Chase Bank, N.A.  
P O Box 260180  
Baton Rouge, LA 70826-0180

October 21, 2009 through November 19, 2009  
Account Number: 000000849645775

00042996 DRE 021 141 32409 - YNNNY T 1 000000000 13 0000  
AMMAR A KHUDHIR  
4390 15 MILE RD  
STERLING HEIGHTS MI 48310-5411

#### CUSTOMER SERVICE INFORMATION

Web site: Chase.com  
Service Center: 1-800-935-9935  
Hearing Impaired: 1-800-242-7383  
Para Espanol: 1-877-312-4273  
International Calls: 1-713-262-1679



### Great news!

Now you can bank wherever you see the Chase sign at more than 15,000 Chase ATMs and over 5,100 branches nationwide. Many branches are open longer hours on Fridays and Saturdays – when you need them most. We're excited to bring you the convenience of full banking access from coast to coast.

#### CHECKING SUMMARY

Chase Checking

|                                   | AMOUNT  |
|-----------------------------------|---------|
| Beginning Balance                 | \$50.00 |
| Deposits and Additions            | 50.77   |
| Other Withdrawals, Fees & Charges | - 25.77 |
| Ending Balance                    | \$75.00 |

Your monthly service fee was waived because you had a direct deposit OR at least 5 debit card purchases during the statement period.

This message confirms that you have overdraft protection on your checking account.

#### DEPOSITS AND ADDITIONS

| DATE                         | DESCRIPTION                                 | AMOUNT  |
|------------------------------|---|---------|
| 11/03                        | Deposit 603934542                           | \$50.00 |
| 11/10                        | JPMorgan Chase Auth Crdt PPD ID: 9200502233 | 0.41    |
| 11/10                        | JPMorgan Chase Auth Crdt PPD ID: 9200502233 | 0.36    |
| Total Deposits and Additions |   | \$50.77 |

#### OTHER WITHDRAWALS, FEES & CHARGES

| DATE                                    | DESCRIPTION                                  | AMOUNT  |
|---|--|---------|
| 10/26                                   | Leisure Rewards Annual Fee. 0929             | \$25.00 |
| 11/10                                   | JPMorgan Chase Auth Debit PPD ID: 9200502233 | 0.77    |
| Total Other Withdrawals, Fees & Charges |  | \$25.77 |



October 21, 2009 through November 19, 2009  
Account Number: 000000849645775

## BALANCING YOUR CHECKBOOK

Note: Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement: **Step 1 Balance: \$** \_\_\_\_\_

2. List and total all deposits & additions not shown on this statement:

| Date  | Amount | Date  | Amount | Date  | Amount |
|-------|--------|-------|--------|-------|--------|
| _____ | _____  | _____ | _____  | _____ | _____  |
| _____ | _____  | _____ | _____  | _____ | _____  |

**Step 2 Total: \$** \_\_\_\_\_

3. Add Step 2 Total to Step 1 Balance.

**Step 3 Total: \$** \_\_\_\_\_

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

| Check Number or Date | Amount | Check Number or Date | Amount |
|----------------------|--------|----------------------|--------|
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |

**Step 4 Total: -\$** \_\_\_\_\_

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: **\$** \_\_\_\_\_

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

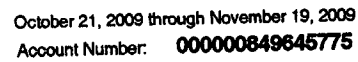
- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



- Available in any amount from \$25 to \$500
- Convenient and secure
- Accepted at millions of locations worldwide
- The perfect gift for any occasion

1042968020200000062



October 21, 2009 through November 19, 2009  
Account Number: 000000849645775

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JPMorgan Chase Bank, N.A.  
P O Box 260180  
Baton Rouge, LA 70826-0180

November 20, 2009 through December 17, 2009  
Account Number: 000000849645775

**CUSTOMER SERVICE INFORMATION**

Web site: Chase.com  
Service Center: 1-800-935-9935  
Hearing Impaired: 1-800-242-7383  
Para Espanol: 1-877-312-4273  
International Calls: 1-713-262-1679

00047090 DRE 021 141 35209 - NYNN T 1 000000000 13 0000  
AMMAR A KHUDHIR  
4390 15 MILE RD  
STERLING HEIGHTS MI 48310-5411

**Important Information about your new Chase Checking<sup>SM</sup> Account**

Thank you for opening a new Chase Checking<sup>SM</sup> account. We hope that by now you have received your new account materials and are taking advantage of all of the free convenience services that come with your account.

We did notice that you have not yet established Direct Deposit, which is the best and most convenient way to avoid the monthly service fee associated with this account. Enrolling in this free service is simple...

1. Visit Chase.com/DirectDeposit to open the Direct Deposit form.
2. Type in your name, address and account information. When you're done, print the completed form.
3. Attach a voided check and take the form to your employer's payroll department. That's it--your employer does the rest!

To enroll in Direct Deposit for Social Security checks visit a Chase banker and we'll handle all of the details!

**CHECKING SUMMARY**

Chase Checking

|                                   | AMOUNT     |
|-----------------------------------|------------|
| Beginning Balance                 | \$75.00    |
| Deposits and Additions            | 1,332.00   |
| Other Withdrawals, Fees & Charges | - 1,006.00 |
| Ending Balance                    | \$401.00   |

This message confirms that you have overdraft protection on your checking account.

**DEPOSITS AND ADDITIONS**

| DATE                         | DESCRIPTION       | AMOUNT     |
|------------------------------|-------------------|------------|
| 12/08                        | Deposit 605734787 | \$1,332.00 |
| Total Deposits and Additions |                   | \$1,332.00 |



November 20, 2009 through December 17, 2009  
Account Number: 000000849645775

**BALANCING YOUR CHECKBOOK**

**Note:** Ensure your checkbook register is up to date with all transactions to date whether they are included on your statement or not.

1. Write in the Ending Balance shown on this statement: **Step 1 Balance:** \$ \_\_\_\_\_

2. List and total all deposits & additions not shown on this statement:

| Date  | Amount | Date  | Amount | Date  | Amount |
|-------|--------|-------|--------|-------|--------|
| _____ | _____  | _____ | _____  | _____ | _____  |
| _____ | _____  | _____ | _____  | _____ | _____  |

**Step 2 Total:** \$ \_\_\_\_\_

3. Add Step 2 Total to Step 1 Balance.

**Step 3 Total:** \$ \_\_\_\_\_

4. List and total all checks, ATM withdrawals, debit card purchases and other withdrawals not shown on this statement.

| Check Number or Date | Amount | Check Number or Date | Amount |
|----------------------|--------|----------------------|--------|
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |
| _____                | _____  | _____                | _____  |

**Step 4 Total:** -\$ \_\_\_\_\_

5. Subtract Step 4 Total from Step 3 Total. This should match your Checkbook Balance: \$ \_\_\_\_\_

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call or write us at the phone number or address on the front of this statement (non-personal accounts contact Customer Service) if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account.



JPMorgan Chase Bank, N.A. Member FDIC



November 20, 2009 through December 17, 2009  
Account Number: 000000849645775

**OTHER WITHDRAWALS, FEES & CHARGES**

| DATE   | DESCRIPTION | AMOUNT            |
|--|-------------|-------------------|
| 12/10  | Withdrawal  | \$1,000.00        |
| 12/17  | Service Fee | 6.00              |
| <b>Total Other Withdrawals, Fees &amp; Charges</b> |             | <b>\$1,006.00</b> |

Did you know your monthly service fee is waived when you have a direct deposit OR at least 5 debit card purchases each statement period?





November 20, 2009 through December 17, 2009

Account Number: **000000849645775**

**Chase Gift Cards are the Perfect Gift!**

- Available in any amount from \$25 to \$500
- Convenient and secure
- Accepted at millions of locations worldwide
- The perfect gift for any occasion

**Order online at [chase.com/GiftCardOrder](http://chase.com/GiftCardOrder) or stop by a Chase branch today!**



Case: 4:12-cv-15469

Judge: Drain, Gershwin A.

MJ: Majzoub, Mona K.

Filed: 12-13-2012 At 04:34 PM

CMP AMMAR KHUHIR V JP MORGAN CHASE BANK (LG)

JS 44 (Rev. 09/11)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing by local rules of court. This form, approved by the Judicial Conference of the United States in September the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

AMMAR KHUHIR

**DEFENDANTS**

JP MORGAN CHASE BANK

(b) County of Residence of First Listed Plaintiff **MACOMB**

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant **MACOMB**

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

Attorneys (If Known)

**SELF REPRESENTATION****II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State ☒ 1 ☐ 1 Incorporated or Principal Place of Business In This State ☒ 4 ☐ 4
- Citizen of Another State ☐ 2 ☐ 2 Incorporated and Principal Place of Business In Another State ☐ 5 ☐ 5
- Citizen or Subject of a Foreign Country ☐ 3 ☐ 3 Foreign Nation ☐ 6 ☐ 6

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

- ☐ 110 Insurance ☐ 310 Airplane ☐ 365 Personal Injury - Product Liability ☐ 625 Drug Related Seizure of Property 21 USC 881 ☐ 422 Appeal 28 USC 158 ☐ 375 False Claims Act
- ☐ 120 Marine ☐ 315 Airplane Product Liability ☐ 367 Health Care/Pharmaceutical Personal Injury Product Liability ☐ 423 Withdrawal 28 USC 157 ☐ 400 State Reapportionment
- ☐ 130 Miller Act ☐ 320 Assault, Libel & Slander ☐ 368 Asbestos Personal Injury Product Liability ☐ 820 Copyrights ☐ 410 Antitrust
- ☐ 140 Negotiable Instrument ☐ 330 Federal Employers' Liability ☐ 369 Other ☐ 830 Patent ☐ 430 Banks and Banking
- ☐ 150 Recovery of Overpayment & Enforcement of Judgment ☐ 340 Marine ☐ 840 Trademark ☐ 450 Commerce
- ☐ 151 Medicare Act ☐ 345 Marine Product Liability ☐ 861 HIA (1395ff) ☐ 460 Deportation
- ☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans) ☐ 350 Motor Vehicle ☐ 862 Black Lung (923) ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 153 Recovery of Overpayment of Veteran's Benefits ☐ 355 Motor Vehicle Product Liability ☐ 863 DIWC/DIWW (405(g)) ☐ 480 Consumer Credit
- ☐ 160 Stockholders' Suits ☐ 360 Other Personal Injury ☐ 864 SSID Title XVI ☐ 490 Cable/Sat TV
- ☐ 190 Other Contract ☐ 362 Personal Injury - Med. Malpractice ☐ 865 RSI (405(g)) ☐ 495 Securities/Commodities/Exchange
- ☐ 195 Contract Product Liability ☐ 370 Other Fraud ☐ 870 Taxes (U.S. Plaintiff or Defendant) ☐ 890 Other Statutory Actions
- ☐ 196 Franchise ☐ 371 Truth in Lending ☐ 871 IRS—Third Party 26 USC 7609 ☐ 891 Agricultural Acts
- ☐ 210 Land Condemnation ☐ 380 Other Personal Property Damage ☐ 893 Environmental Matters
- ☐ 220 Foreclosure ☐ 385 Property Damage Product Liability ☐ 895 Freedom of Information Act
- ☐ 230 Rent Lease & Ejectment ☐ 390 Other Personal Property Damage ☐ 896 Arbitration
- ☐ 240 Torts to Land ☐ 400 Other Civil Rights ☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 245 Tort Product Liability ☐ 410 Voting ☐ 950 Constitutionality of State Statutes
- ☐ 290 All Other Real Property ☐ 440 Other Civil Rights ☐ 510 Motions to Vacate Sentence ☐ 424 Employment ☐ 530 General ☐ 443 Housing/Accommodations ☐ 535 Death Penalty ☐ 446 Amer. w/Disabilities - Employment ☐ 540 Mandamus & Other ☐ 448 Education ☐ 555 Prison Condition ☐ 560 Civil Detainee - Conditions of Confinement ☐ 462 Naturalization Application ☐ 463 Habeas Corpus - Alien Detainee (Prisoner Petition) ☐ 465 Other Immigration Actions

**V. ORIGIN**

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Discrimination against name &amp; national origin, Equal opportunity, Emotional distress, Damage of reputation

Brief description of cause:

JP Morgan Chase Bank closed plaintiff's checking, savings, and credit card accounts suddenly, no reason given

**VII. REQUESTED IN COMPLAINT:**☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$ 5,000,000.00

CHECK YES only if demanded in complaint: JURY DEMAND: ☒ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

10/23/2012

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

## PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes  
☒ No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

Notes :

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